

## CRANDON NURSING HOME

105 W PIONEER AVE PO BOX 400

CRANDON 54520 Phone:(715) 478-3324

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 82

Total Licensed Bed Capacity (12/31/04): 82

Number of Residents on 12/31/04: 78

## Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 74

## Corporation

Skilled

No

Yes

Yes

74

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		35.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		34.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.7	More Than 4 Years		29.5
Day Services	No	Mental Illness (Org./Psy)	34.6	65 - 74	11.5			-----
Respite Care	No	Mental Illness (Other)	7.7	75 - 84	32.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.8	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	5.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.8		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	19.2	65 & Over	92.3	-----		
Transportation	No	Cerebrovascular	3.8		-----	RNs		12.1
Referral Service	No	Diabetes	14.1	Gender	%	LPNs		7.6
Other Services	No	Respiratory	7.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	3.8	Male	29.5	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	70.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care							
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi- dents	% Of All
Int. Skilled Care		0	0.0	3	5.4	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	3	3.8
Skilled Care		5	100.0	53	94.6	119	0	0.0	0	16	94.1	134	0	0.0	0	0	0.0	74	94.9
Intermediate		---	---	0	0.0	0	0	0.0	0	1	5.9	134	0	0.0	0	0	0.0	1	1.3
Limited Care		---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care		---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care		---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled		---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj		0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent		0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total		5	100.0	56	100.0		0	0.0		17	100.0		0	0.0		0	0.0	78	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	13.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	11.5	38.5	50.0	78
Other Nursing Homes	3.9	Dressing	12.8	29.5	57.7	78
Acute Care Hospitals	78.4	Transferring	51.3	32.1	16.7	78
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	41.0	38.5	20.5	78
Rehabilitation Hospitals	0.0	Eating	33.3	50.0	16.7	78
Other Locations	3.9	*****				
Total Number of Admissions	51	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.8	Receiving Respiratory Care	6.4	
Private Home/No Home Health	32.1	Occ/Freq. Incontinent of Bladder	55.1	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	37.2	Receiving Suctioning	0.0	
Other Nursing Homes	7.5			Receiving Ostomy Care	1.3	
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	11.5	Receiving Mechanically Altered Diets	30.8	
Rehabilitation Hospitals	0.0			Other Resident Characteristics		
Other Locations	1.9	Skin Care		Have Advance Directives	0.0	
Deaths	58.5	With Pressure Sores	2.6	Medications		
Total Number of Discharges		With Rashes	2.6	Receiving Psychoactive Drugs	57.7	
(Including Deaths)	53					
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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.2	81.9	1.10	85.5	1.06	85.9	1.05	88.8	1.02
Current Residents from In-County	66.7	72.8	0.92	71.5	0.93	75.1	0.89	77.4	0.86
Admissions from In-County, Still Residing	39.2	18.7	2.10	20.7	1.89	20.5	1.92	19.4	2.02
Admissions/Average Daily Census	68.9	151.4	0.46	125.2	0.55	132.0	0.52	146.5	0.47
Discharges/Average Daily Census	71.6	151.2	0.47	123.1	0.58	131.4	0.55	148.0	0.48
Discharges To Private Residence/Average Daily Census	23.0	74.0	0.31	55.7	0.41	61.0	0.38	66.9	0.34
Residents Receiving Skilled Care	98.7	95.3	1.04	95.8	1.03	95.8	1.03	89.9	1.10
Residents Aged 65 and Older	92.3	94.3	0.98	93.1	0.99	93.2	0.99	87.9	1.05
Title 19 (Medicaid) Funded Residents	71.8	71.9	1.00	69.1	1.04	70.0	1.03	66.1	1.09
Private Pay Funded Residents	21.8	16.7	1.30	20.2	1.08	18.5	1.18	20.6	1.06
Developmentally Disabled Residents	0.0	0.6	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	42.3	29.5	1.43	38.6	1.10	36.6	1.16	33.6	1.26
General Medical Service Residents	3.8	23.5	0.16	18.9	0.20	19.7	0.20	21.1	0.18
Impaired ADL (Mean)	51.5	46.4	1.11	46.2	1.11	47.6	1.08	49.4	1.04
Psychological Problems	57.7	54.5	1.06	59.0	0.98	57.1	1.01	57.7	1.00
Nursing Care Required (Mean)	5.4	7.4	0.74	7.0	0.78	7.3	0.74	7.4	0.73